

DEPARTMENT OF THE AIR FORCE 59TH MEDICAL WING (AETC) JOINT BASE SAN ANTONIO - LACKLAND TEXAS



25 APR 2017

MEMORANDUM FOR SGVT

ATTN: CAPT MATTHEW T. KOROSCIL

FROM: 59 MDW/SGVU

SUBJECT: Professional Presentation Approval

- Your paper, entitled <u>The Effect of Pulmonary Nodule Factsheet on Patient Anxiety and Knowledge: A Quality Improvement Initiative</u> presented at/published to <u>American Thoracic Society, Washington D.C., 19-24 May 2017</u> in accordance with MDWI 41-108, has been approved and assigned local file #<u>17039</u>.
- 2. Pertinent biographic information (name of author(s) title, etc.) has been entered into our computer file. Please advise us (by phone or mail) that your presentation was given. At that time, we will need the date (month, day and year) along with the location of your presentation. It is important to update this information so that we can provide quality support for you, your department, and the Medical Center commander. This information is used to document the scholarly activities of our professional staff and students, which is an essential component of Wilford Hall Ambulatory Surgical Center (WHASC) internship and residency programs.
- 3. Please know that if you are a Graduate Health Sciences Education student and your department has told you they cannot fund your publication, the 59th Clinical Research Division may pay for your basic journal publishing charges (to include costs for tables and black and white photos). We cannot pay for reprints. If you are a 59 MDW staff member, we can forward your request for funds to the designated Wing POC at the Chief Scientist's Office, Ms. Alice Houy, office phone: 210-292-8029; email address: alice.houy.civ@mail.mil.
- 4. Congratulations, and thank you for your efforts and time. Your contributions are vital to the medical mission. We look forward to assisting you in your future publication/presentation efforts.

LINDA STEEL-GOODWIN, Col, USAF, BSC Director, Clinical Investigations & Research Support

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PROCESSING OF PROFESSIONAL MEDICAL RESEARCH/TECHNICAL PUBLICATIONS/PRESENTATIONS

INSTRUCTIONS

USE ONLY THE MOST CURRENT 59 MDW FORM 3039 LOCATED ON AF E-PUBLISHING

- 1. The author must complete page two of this form:
 - a. In Section 2, add the funding source for your study [e.g., 59 MDW CRD Graduate Health Sciences Education (GHSE) (SG5 O&M); SG5 R&D;
 Tri-Service Nursing Research Program (TSNRP); Defense Medical Research & Development Program (DMRDP); NIH; Congressionally Directed
 Medical Research Program (CDMRP); Grants; etc.]
 - b. In Section 2, there may be funding available for journal costs, if your department is not paying for figures, tables or photographs for your publication. Please state "YES" or "NO" in Section 2 of the form, if you need publication funding support.
- 2. Print your name, rank/grade, sign and date the form in the author's signature block or use an electronic signature.
- Attach a copy of the 59 MDW IRB or IACUC approval letter for the research related study. If this is a technical publication/presentation, state the type (e.g. case report, QA/QI study, program evaluation study, informational report/briefing, etc.) in the "Protocol Title" box.
- 4. Attach a copy of your abstract, paper, poster and other supporting documentation.
- Save and forward, via email, the processing form and all supporting documentation to your unit commander, program director or immediate supervisor for review/approval.
- 6. On page 2, have either your unit commander, program director or immediate supervisor:
 - a. Print their name, rank/grade, title; sign and date the form in the approving authority's signature block or use an electronic signature.
- 7. Submit your completed form and all supporting documentation to the CRD for processing (59crdpubspres@us.af.mil). This should be accomplished no later than 30 days before final clearance is required to publish/present your materials. If you have any questions or concerns, please contact the 59 CRD/Publications and Presentations Section at 292-7141 for assistance.
- The 59 CRD/Publications and Presentations Section will route the request form to clinical investigations, 502 ISG/JAC (Ethics Review) and Public Affairs
 (59 MDW/PA) for review and then forward you a final letter of approval or disapproval.
- Once your manuscript, poster or presentation has been approved for a one-time public release, you may proceed with your publication or presentation submission activities, as stated on this form. Note: For each new release of medical research or technical information as a publication/presentation, a new 59 MDW Form 3039 must be submitted for review and approval.
- 10. If your manuscript is accepted for scientific publication, please contact the 59 CRD/Publications and Presentations Section at 292-7141. This information is reported to the 59 MDW/CC. All medical research or technical information publications/presentations must be reported to the Defense Technical Information Center (DITC). See 59 MDWI 41-108, Presentation and Publication of Medical and Technical Papers, for additional information.
- 11. The Joint Ethics Regulation (JER) DoD 5500.07-R, Standards of Conduct, provides standards of ethical conduct for all DoD personnel and their interactions with other non-DoD entities, organizations, societies, conferences, etc. Part of the Form 3039 review and approval process includes a legal ethics review to address any potential conflicts related to DoD personnel participating in non-DoD sponsored conferences, professional meetings, publication/presentation disclosures to domestic and foreign audiences, DoD personnel accepting non-DoD contributions, awards, honoraria, gifts, etc. The specific circumstances for your presentation will determine whether a legal review is necessary. If you (as the author) or your supervisor check "NO" in block 17 of the Form 3039, your research or technical documents will not be forwarded to the 502 ISG/JAC legal office for an ethics review. To assist you in making this decision about whether to request a legal review, the following examples are provided as a guideline:

For presentations before professional societies and like organizations, the 59 MDW Public Affairs Office (PAO) will provide the needed review to ensure proper disclaimers are included and the subject matter of the presentation does not create any cause for DoD concern.

If the sponsor of a conference or meeting is a DoD entity, an ethics review of your presentation is not required, since the DoD entity is responsible to obtain all approvals for the event.

If the sponsor of a conference or meeting is a non-DoD commercial entity or an entity seeking to do business with the government, then your presentation should have an ethics review.

If your travel is being paid for (in whole or in part) by a non-Federal entity (someone other than the government), a legal ethics review is needed. These requests for legal review should come through the 59 MDW Gifts and Grants Office to 502 ISG/JAC.

If you are receiving an honorarium or payment for speaking, a legal ethics review is required.

If you (as the author) or your supervisor check "YES" in block 17 of the Form 3039, your research or technical documents will be forwarded simultaneously to the 502 ISG/JAC legal office and PAO for review to help reduce turn-around time. If you have any questions regarding legal reviews, please contact the legal office at (210) 671-5795/3365, DSN 473.

- NOTE: All abstracts, papers, posters, etc., should contain the following disclaimer statement:
 - "The views expressed are those of the [author(s)] [presenter(s)] and do not reflect the official views or policy of the Department of Defense or its Components"
- NOTE: All abstracts, papers, posters, etc., should contain the following disclaimer statement for research involving humans:
 - "The voluntary, fully informed consent of the subjects used in this research was obtained as required by 32 CFR 219 and DODI 3216.02_AFI 40-402."
- NOTE: All abstracts, papers, posters, etc., should contain the following disclaimer statement for research involving animals, as required by AFMAN
 - "The experiments reported herein were conducted according to the principles set forth in the National Institute of Health Publication No. 80-23, Guide for the Care and Use of Laboratory Animals and the Animal Welfare Act of 1966, as amended."

PROCESSING OF PROFESS	SIONAL MEDICAL	RESEARCH/TECHNICAL	PUBLICATIONS/PI	RESENTATIONS
I. TO CLINICAL RESEARCH 2. FROM: (AL			3. GME/GHSE STUDEN YES NO	T; 4. PROTOCOL NUMBER:
5. PROTOCOL TITLE: (NOTE: For each new must be submitted for	release of medical resea review and approval.)	rch or technical information as	a publication/presentation,	a new 59 MDW Form 3039
3. TITLE OF MATERIAL TO BE PUBLISHED	OR PRESENTED:			
The Effect of a Pulmonary Nodule Factsh	neet on Patient Anxiety	y and Knowledge: A Quality	Improvement Initiativ	:
7. FUNDING RECEIVED FOR THIS STUDY?	YES NO FUN	NDING SOURCE:		
B. DO YOU NEED FUNDING SUPPORT FOR	PUBLICATION PURPOS	SES: YES NO		
9. IS THIS MATERIAL CLASSIFIED? YE	the state of the s			
10. IS THIS MATERIAL SUBJECT TO ANY LI AND DEVELOPMENT AGREEMENT (CRADA YES NO NOTE: If the answer is YE), MATERIAL TRANSFE	R AGREEMENT (MTA), INTELI	LECTUAL PROPERTY RIC	SHTS AGREEMENT ETC.?
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14. 59 MDW PRIMARY POINT OF CONTACT (Last Name, First Name, M.I., email)		15. D	15. DUTY PHONE/PAGER NUMBER	
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16. AUTHORSHIP AND CO-AUTHOR(S) Lis				
a. Primary/Corresponding Author	GRADE/RANK	SQUADRON/GROUP/O	OFFICE SYMBOL I	NSTITUTION (If not 59 MDW)
Koroscil, Matthew, T	0-3/Capt	959 CSPS/SGVT		
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c. Skabelund, Andrew, J	0-4/Maj	59 MDG		
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e.				
17. IS A 502 ISG/JAC ETHICS REVIEW REC	QUIRED (JER DOD 5500	.07-R)? YES NO		
I CERTIFY ANY HUMAN OR ANIMAL RESE, 219, AFMAN 40-401_IP, AND 59 MDW 41-1 ACCURATE MANUSCRIPT FOR PUBLICAT	08. I HAVE READ THE P	FINAL VERSION OF THE ATTA	ERFORMED IN STRICT AND C	ERTIFY THAT IT IS AN
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1st ENDORSEMENT (59 MDW/SGVU Use Only)	·			
TO: Clinical Research Division 59 MDW/CRD Contact 292-7141 for email instructions. 24. DATE RECEIVED 23 Jan 2017	25. ASSIGNED PROCESSING REQUEST FILE NUM 17039	MBER		
26. DATE REVIEWED	27. DATE FORWARDED TO 502 ISG/JAC	27. DATE FORWARDED TO 502 ISG/JAC		
23 Jan 2017 and 24 April 2017				
28. AUTHOR CONTACTED FOR RECOMMENDED OR NECESSARY	CHANGES: NO YES If yes, give date. 23 Jan 2	2017 🔲 N/A		
29. COMMENTS APPROVED DISAPPROVED Poster originally reviewed 23 Jan 2017 and IF the author did not request determination befo SAMMC IRB official stating effort is not resea this determination will be accepted and prese	re conducting effort. PI obtained and sub rch. Per agreement between 59th MDW	mitted letter from		
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39. DATE RECEIVED April 25, 2017				
41. COMMENTS X APPROVED (In compliance with security and Approved as abstract, not a poster since no poster is a				
42. PRINTED NAME, RANK/GRADE, TITLE OF REVIEWER	43. REVIEWER SIGNATURE	44. DATE		
Kevin linuma, SSgt/E-5, 59 MDW Public Affairs	Digitally signed by iBNUMA.KEVIN.MITSUGU.1296227613 DN: c=US, o=U.S. Government, o==DDD, o==PKI, ob=USAF, cn=IINUMA.KEVIN.MITSUGU.1296227613 Date: 2017.04.25 12:41:01 -05:00°	April 25, 2017		
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Abstract 7134

The Effect of a Pulmonary Nodule Factsheet on Patient Anxiety and Knowledge: A Quality Improvement Initiative

Type: Scientific Abstract

Topic: 18. Lung Cancer, Thoracic Oncology / Adult / Health Services Research/Quality Improvement / Thoracic

Oncology (TO)

Authors: M. Koroscil¹, M. Bowman², A.J. Skabelund³; ¹San Antonio Military Medical Center - San Antonio,

TX/US, ²San Antonio Military Medical Center - Fort Sam Houston, TX/US, ³SAMMC - San Antonio,

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Abstract Body

Introduction:

Pulmonary nodules are very common in the adult population. The majority of pulmonary nodules are subcentimeter in diameter and they are generally non-malignant in etiology. With the advent of lung cancer screening and increased computed tomography utilization, incidental pulmonary nodules are a frequent radiologic finding. As a quality improvement initiative we used surveys to evaluate patient understanding and anxiety associated with pulmonary nodules between 3-8 mm and the effect of a standardarized pulmonary nodule factsheet on these parameters. We hypothesized that a pulmonary nodule factsheet would improve patient knowledge and anxiety. Additionally, we predicted a significant portion of these patients would not desire surgery or radiation for lung cancer.

Methods:

Patients, who were being followed for solid pulmonary nodule(s) between 3-8 mm in diameter, were given a questionnaire about pulmonary nodules and their level of anxiety regarding their pulmonary nodule(s). Patients with a history of cancer were excluded. After the initial survey, patient reviewed a pulmonary nodule factsheet which was created by the authors. Patient then completed a final survey about the effect of the pulmonary nodule factsheet on the patients' knowledge and anxiety. Data from 32 patients was evaluated with additional patients currently being enrolled.

Results:

The patients rated their knowledge of pulmonary nodules an average of 4.5 out of a score of 10.0. After the pulmonary nodule factsheet, the average increased to 7.75. Only about 40% of patients accurately identified the incidence of pulmonary nodules in adults. Only 37.5% of patients selected surgery as the gold standard for early stage lung cancer. 22% of patients would not undergo surgery or radiation if lung cancer was evenually diagnosed. Over 50% of patients worried about their pulmonary nodule(s) at least once per month. 94% of patients felt the pulmonary nodule factsheet improved their anxiety about their pulmonary nodule(s). Average anxiety improved from 4.8 to 6.2 out of 10.0 using a scale we created.

Conclusions:

A standard pulmonary nodule factsheet improved multiple patient characteristics including knowledge and anxiety about their pulmonary nodule(s). With the high incidence of pulmonary nodules and pressure to reduce medical appointment duration, a pulmonary nodule factsheet should be considered in all patients with low risk pulmonary nodules. Our findings also suggest that a large portion of patients do not desire intervention for lung cancer so pulmonary nodule tracking/screening may be unnecessary in these patients.

Print

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